



Attorney/Docket No.36689.26

Customer No. 000027683

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Philip J. Scarpace and Gang Li

Appl. No. 10/822,613

Filed: April 12, 2004

For: rAAV VECTOR-BASED PRO-  
OPIOMELANOCORTIN COMPOSITIONS AND  
METHODS OF USE

§ Confirmation Number: 5010  
§  
§ Examiner: Salvoza, M Franco G  
§  
§ Group Art Unit: 1648  
§  
§ Attorney Docket No.: 36689.26  
§  
§

TRANSMITTAL

Mail Stop Amendment  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing are the following:

1. Amendment and Response to Office Action dated November 21, 2005;
2. Fee Transmittal; and
3. Return self-addressed stamped postcard.

Please date stamp and return the postcard as evidence of receipt of this transmittal.

The Commissioner is hereby authorized to charge any fee deficiencies or credit any over payment for the filing of these documents to the Deposit Account of Haynes and Boone, LLP 08-1394. **This form submitted in duplicate.**

Respectfully submitted,

Mark D. Moore, Ph.D.  
Registration No. 42,903

Date: February 21, 2006  
HAYNES AND BOONE, LLP  
901 Main Street, Suite 3100  
Dallas, Texas 75202-3789  
Telephone: 713-547-2040  
Facsimile: 214-200-0853  
H-596359\_1.DOC

Certificate of Mailing 37 C. F. R. § 1.8	
I hereby certify that this correspondence is being deposited with the U. S. Postal Service with sufficient postage as First Class Mail on the date indicated below and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
February 21, 2006	Mark D. Moore
Date	Name of person mailing paper and fee
Signature of person mailing paper and fee	



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  
**FEE TRANSMITTAL**  
**For FY 2005**

**Complete if Known**

☒ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)

Application Number	10/822,613
Filing Date	April 12, 2004
First Named Inventor	Philip J. Scarpace
Examiner Name	Salvoza, M Franco G
Art Unit	1648
Attorney Docket No.	36689.26

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 08-1394 Deposit Account Name: Haynes and Boone, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x 50 = _____		
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x 200 = _____		
HP = highest number of independent claims paid for, if greater than 3		
<b>Multiple Dependent Claims</b>		
<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number)	x _____ = _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_

Other: \_\_\_\_\_

<b>SUBMITTED BY</b>		Registration No. 42,903	Telephone 713-547-2040
Signature		(Attorney/Agent)	
Name (Print/Type)	Mark D. Moore, Ph.D.	Date February 21, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IFW

Customer Number 00027683  
Serial Number: 10/822,613

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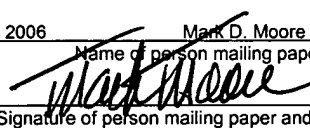
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(formerly 4300.015400)

**1. AMENDMENT; 2. RESPONSE TO OFFICE ACTION DATED NOVEMBER 21, 2005**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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The Examiner is respectfully requested to enter the following amendment. A response to the Official Action in the present application, dated November 21, 2005 ("the Action"), is also submitted, and the Examiner is requested to consider the remarks therein. Applicants believe that the present materials place the claims in condition for allowance, and re-examination and reconsideration is respectfully requested on this basis.

Should any fees be deemed necessary for any reason in connection with the present submission, the Commissioner is hereby authorized to deduct any necessary amounts from Deposit Account No. 08-1394, Order No. 36689.26.